
State: District of Columbia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2015 Transamerica Premier Life Insurance Company (AGENT)
Project Name/Number: Rate Renewal/55_ind Agent

Filing at a Glance

Company: Transamerica Premier Life Insurance Company
Product Name: 2015 Transamerica Premier Life Insurance Company (AGENT)
State: District of Columbia
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Rate
Date Submitted: 09/04/2015
SERFF Tr Num: AEGC-130222822
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: DC_TPLIC_STD_IND_AGENT

Implementation: 12/01/2015
Date Requested:
Author(s): Teri Schaffer-Jones, Kristina Davis, Sharon Miles
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia **Filing Company:** Transamerica Premier Life Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2015 Transamerica Premier Life Insurance Company (AGENT)
Project Name/Number: Rate Renewal/55_ind Agent

General Information

Project Name: Rate Renewal	Status of Filing in Domicile: Not Filed
Project Number: 55_ind Agent	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Rates are not filed in the domiciliary state of Iowa.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 3%	Filing Status Changed: 09/04/2015
	State Status Changed:
Deemer Date:	Created By: Sharon Miles
Submitted By: Sharon Miles	Corresponding Filing Tracking Number:

Filing Description:

2015 Transamerica Premier Life Insurance Company Standard Individual (Agent) Medicare Supplement Rate Filing
Policy Form #(s): MSH1A, MSH1F, MSH1G, MSH1N

Enclosed is the rate submission for the benefits contained in the Medicare Improvements for Patients and Providers Act (MIPPA-2010).

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Company and Contact

Filing Contact Information

Sharon Miles, Actuarial Administrator	Sharon.Miles@transamerica.com
100 Light Street	800-233-4624 [Phone] 5466 [Ext]
Mail Stop B-3449	410-209-5910 [FAX]
Baltimore, MD 21202	

Filing Company Information

Transamerica Premier Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road N.E.	Group Code: 468	Company Type:
Cedar Rapids, IA 53499	Group Name:	State ID Number:
(800) 233-4624 ext. [Phone]	FEIN Number: 52-0419790	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:	AEGC-130222822	State Tracking #:		Company Tracking #:	DC_TPLIC_STD_IND_ AGENT
<hr/>					
State:	District of Columbia	Filing Company:	Transamerica Premier Life Insurance Company		
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010				
Product Name:	2015 Transamerica Premier Life Insurance Company (AGENT)				
Project Name/Number:	Rate Renewal/55_ind Agent				

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking #:

AEGC-130222822

State Tracking #:

Company Tracking #:

DC_TPLIC_STD_IND_AGENT

State: District of Columbia

Filing Company:

Transamerica Premier Life Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: 2015 Transamerica Premier Life Insurance Company (AGENT)

Project Name/Number: Rate Renewal/55_ind Agent

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		RATES	MSH1A	Revised	Previous State Filing Number: Percent Rate Change Request: 6	Rates DC.pdf,
2		RATES	MSH1F	Revised	Previous State Filing Number: Percent Rate Change Request: 6	
3		RATES	MSH1G	Revised	Previous State Filing Number: Percent Rate Change Request:	
4		RATES	MSH1N	Revised	Previous State Filing Number: Percent Rate Change Request: 6	

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Current Standard Monthly Rates By Plan - District of Columbia

Non - Tobacco Rates

<u>Attained Age</u>	Plan A		Plan F		Plan G		Plan N	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	73.96	79.03	124.99	133.55	115.25	123.15	96.32	102.92
66	79.41	84.98	134.19	143.61	123.74	132.42	103.41	110.67
67	80.59	86.28	136.18	145.80	125.57	134.44	104.94	112.36
68	83.26	89.30	140.70	150.91	129.74	139.15	108.43	116.29
69	85.83	91.85	145.04	155.22	133.74	143.13	111.77	119.61
70	88.30	94.49	149.22	159.67	137.60	147.23	114.99	123.04
71	90.81	97.84	153.46	165.34	141.51	152.46	118.26	127.41
72	93.62	101.74	158.21	171.92	145.89	158.53	121.92	132.48
73	96.61	106.00	163.26	179.13	150.54	165.18	125.81	138.04
74	99.53	110.36	168.19	186.50	155.09	171.97	129.61	143.72
75	102.16	114.54	172.64	193.56	159.19	178.48	133.04	149.16
76	104.43	118.38	176.47	200.04	162.72	184.46	135.99	154.15
77	106.38	121.81	179.76	205.85	165.76	189.81	138.53	158.63
78	108.41	125.21	183.19	211.59	168.92	195.11	141.17	163.05
79	110.44	128.38	186.63	216.95	172.09	200.05	143.82	167.18
80	113.47	132.37	191.74	223.69	176.80	206.26	147.76	172.38
81	116.75	136.34	197.29	230.40	181.92	212.45	152.03	177.55
82	120.28	140.29	203.25	237.07	187.42	218.60	156.63	182.69
83	123.97	144.19	209.49	243.66	193.17	224.68	161.44	187.77
84	127.72	148.01	215.83	250.12	199.02	230.64	166.32	192.75
85	131.49	151.76	222.20	256.45	204.89	236.47	171.23	197.62
86	135.30	155.46	228.63	262.71	210.82	242.24	176.18	202.45
87	139.21	159.23	235.24	269.08	216.91	248.12	181.28	207.36
88	143.25	163.12	242.08	275.65	223.22	254.18	186.55	212.42
89	147.28	167.06	248.89	282.30	229.50	260.31	191.80	217.54
90	150.81	170.72	254.85	288.50	235.00	266.03	196.39	222.32
91	152.24	172.72	257.27	291.87	237.23	269.13	198.26	224.92
92	153.82	175.09	259.93	295.88	239.68	272.83	200.31	228.01
93	155.49	177.67	262.75	300.24	242.28	276.85	202.48	231.37
94	157.27	180.48	265.77	304.99	245.07	281.23	204.81	235.03
95+	159.17	183.52	268.98	310.13	248.03	285.97	207.28	238.99

ZIP
Entire State

Area Factor
1.00

For Quarterly, Semi-Annual and Annual Premium Modes, multiply monthly rates by 3, 6 and 12 respectively
For Tier 1 rates multiply by 1.1 and for Tier 2 rates multiply by 1.2

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Current Standard Monthly Rates By Plan - District of Columbia

Tobacco Rates

<u>Attained Age</u>	Plan A		Plan F		Plan G		Plan N	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	81.36	86.93	137.49	146.91	126.78	135.47	105.95	113.21
66	87.35	93.48	147.61	157.97	136.11	145.66	113.75	121.74
67	88.65	94.91	149.80	160.38	138.13	147.88	115.43	123.60
68	91.59	98.23	154.77	166.00	142.71	153.07	119.27	127.92
69	94.41	101.04	159.54	170.74	147.11	157.44	122.95	131.57
70	97.13	103.94	164.14	175.64	151.36	161.95	126.49	135.34
71	99.89	107.62	168.81	181.87	155.66	167.71	130.09	140.15
72	102.98	111.91	174.03	189.11	160.48	174.38	134.11	145.73
73	106.27	116.60	179.59	197.04	165.59	181.70	138.39	151.84
74	109.48	121.40	185.01	205.15	170.60	189.17	142.57	158.09
75	112.38	125.99	189.90	212.92	175.11	196.33	146.34	164.08
76	114.87	130.22	194.12	220.04	178.99	202.91	149.59	169.57
77	117.02	133.99	197.74	226.44	182.34	208.79	152.38	174.49
78	119.25	137.73	201.51	232.75	185.81	214.62	155.29	179.36
79	121.48	141.22	205.29	238.65	189.30	220.06	158.20	183.90
80	124.82	145.61	210.91	246.06	194.48	226.89	162.54	189.62
81	128.43	149.97	217.02	253.44	200.11	233.70	167.23	195.31
82	132.31	154.32	223.58	260.78	206.16	240.46	172.29	200.96
83	136.37	158.61	230.44	268.03	212.49	247.15	177.58	206.55
84	140.49	162.81	237.41	275.13	218.92	253.70	182.95	212.03
85	144.64	166.94	244.42	282.10	225.38	260.12	188.35	217.38
86	148.83	171.01	251.49	288.98	231.90	266.46	193.80	222.70
87	153.13	175.15	258.76	295.99	238.60	272.93	199.41	228.10
88	157.58	179.43	266.29	303.22	245.54	279.60	205.21	233.66
89	162.01	183.77	273.78	310.53	252.45	286.34	210.98	239.29
90	165.89	187.79	280.34	317.35	258.50	292.63	216.03	244.55
91	167.46	189.99	283.00	321.06	260.95	296.04	218.09	247.41
92	169.20	192.60	285.92	325.47	263.65	300.11	220.34	250.81
93	171.04	195.44	289.03	330.26	266.51	304.54	222.73	254.51
94	173.00	198.53	292.35	335.49	269.58	309.35	225.29	258.53
95+	175.09	201.87	295.88	341.14	272.83	314.57	228.01	262.89

ZIP
Entire State

Area Factor
1.00

For Quarterly, Semi-Annual and Annual Premium Modes, multiply monthly rates by 3, 6 and 12 respectively
For Tier 1 rates multiply by 1.1 and for Tier 2 rates multiply by 1.2

**Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Proposed Standard Monthly Rates By Plan - District of Columbia**

Non - Tobacco Rates

<u>Attained Age</u>	<u>Plan A</u>		<u>Plan F</u>		<u>Plan G</u>		<u>Plan N</u>	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	88.26	94.66	149.14	159.96	127.15	136.37	114.94	123.27
66	88.26	94.66	149.14	159.96	127.15	136.37	114.94	123.27
67	88.26	94.66	149.14	159.96	127.15	136.37	114.94	123.27
68	88.26	94.66	149.14	159.96	127.15	136.37	114.94	123.27
69	90.98	97.36	153.74	164.53	131.07	140.27	118.48	126.79
70	93.60	100.16	158.17	169.25	134.85	144.29	121.89	130.42
71	96.26	103.71	162.67	175.26	138.68	149.41	125.36	135.05
72	99.24	107.84	167.70	182.24	142.97	155.36	129.24	140.43
73	102.41	112.36	173.06	189.88	147.53	161.88	133.36	146.32
74	105.50	116.98	178.28	197.69	151.99	168.53	137.39	152.34
75	108.29	121.41	183.00	205.17	156.01	174.91	141.02	158.11
76	110.70	125.48	187.06	212.04	159.47	180.77	144.15	163.40
77	112.76	129.12	190.55	218.20	162.44	186.01	146.84	168.15
78	114.91	132.72	194.18	224.29	165.54	191.21	149.64	172.83
79	117.07	136.08	197.83	229.97	168.65	196.05	152.45	177.21
80	120.28	140.31	203.24	237.11	173.26	202.13	156.63	182.72
81	123.76	144.52	209.13	244.22	178.28	208.20	161.15	188.20
82	127.50	148.71	215.45	251.29	183.67	214.23	166.03	193.65
83	131.41	152.84	222.06	258.28	189.31	220.19	171.13	199.04
84	135.38	156.89	228.78	265.13	195.04	226.03	176.30	204.32
85	139.38	160.87	235.53	271.84	200.79	231.74	181.50	209.48
86	143.42	164.79	242.35	278.47	206.60	237.40	186.75	214.60
87	147.56	168.78	249.35	285.22	212.57	243.16	192.16	219.80
88	151.85	172.91	256.60	292.19	218.76	249.10	197.74	225.17
89	156.12	177.08	263.82	299.24	224.91	255.10	203.31	230.59
90	159.86	180.96	270.14	305.81	230.30	260.71	208.17	235.66
91	161.37	183.08	272.71	309.38	232.49	263.75	210.16	238.42
92	163.05	185.60	275.53	313.63	234.89	267.37	212.33	241.69
93	164.82	188.33	278.52	318.25	237.43	271.31	214.63	245.25
94	166.71	191.31	281.72	323.29	240.17	275.61	217.10	249.13
95+	168.72	194.53	285.12	328.74	243.07	280.25	219.72	253.33

ZIP
Entire State

Area Factor
1.00

For Quarterly, Semi-Annual and Annual Premium Modes, multiply monthly rates by 3, 6 and 12 respectively
For Tier 1 rates multiply by 1.1 and for Tier 2 rates multiply by 1.2

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Proposed Standard Monthly Rates By Plan - District of Columbia

Tobacco Rates

<u>Attained Age</u>	Plan A		Plan F		Plan G		Plan N	
	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
65	97.09	104.12	164.06	175.96	139.86	150.01	126.43	135.60
66	97.09	104.12	164.06	175.96	139.86	150.01	126.43	135.60
67	97.09	104.12	164.06	175.96	139.86	150.01	126.43	135.60
68	97.09	104.12	164.06	175.96	139.86	150.01	126.43	135.60
69	100.07	107.10	169.11	180.98	144.17	154.29	130.33	139.46
70	102.96	110.18	173.99	186.18	148.33	158.71	134.08	143.46
71	105.88	114.08	178.94	192.78	152.55	164.36	137.90	148.56
72	109.16	118.62	184.47	200.46	157.27	170.89	142.16	154.47
73	112.65	123.60	190.37	208.86	162.28	178.07	146.69	160.95
74	116.05	128.68	196.11	217.46	167.19	185.39	151.12	167.58
75	119.12	133.55	201.29	225.70	171.61	192.40	155.12	173.92
76	121.76	138.03	205.77	233.24	175.41	198.85	158.57	179.74
77	124.04	142.03	209.60	240.03	178.69	204.61	161.52	184.96
78	126.41	145.99	213.60	246.72	182.09	210.33	164.61	190.12
79	128.77	149.69	217.61	252.97	185.51	215.66	167.69	194.93
80	132.31	154.35	223.56	260.82	190.59	222.35	172.29	201.00
81	136.14	158.97	230.04	268.65	196.11	229.03	177.26	207.03
82	140.25	163.58	236.99	276.43	202.04	235.65	182.63	213.02
83	144.55	168.13	244.27	284.11	208.24	242.21	188.23	218.94
84	148.92	172.58	251.65	291.64	214.54	248.63	193.93	224.75
85	153.32	176.96	259.09	299.03	220.87	254.92	199.65	230.42
86	157.76	181.27	266.58	306.32	227.26	261.13	205.43	236.06
87	162.32	185.66	274.29	313.75	233.83	267.47	211.37	241.79
88	167.03	190.20	282.27	321.41	240.63	274.01	217.52	247.68
89	171.73	194.80	290.21	329.16	247.40	280.61	223.64	253.65
90	175.84	199.06	297.16	336.39	253.33	286.78	228.99	259.22
91	177.51	201.39	299.98	340.32	255.73	290.12	231.18	262.25
92	179.35	204.16	303.08	345.00	258.38	294.11	233.56	265.86
93	181.30	207.17	306.37	350.08	261.18	298.45	236.09	269.78
94	183.38	210.44	309.89	355.62	264.19	303.16	238.81	274.04
95+	185.60	213.98	313.63	361.61	267.37	308.28	241.69	278.66

ZIP
Entire State

Area Factor
1.00

For Quarterly, Semi-Annual and Annual Premium Modes, multiply monthly rates by 3, 6 and 12 respectively
For Tier 1 rates multiply by 1.1 and for Tier 2 rates multiply by 1.2

State:	District of Columbia	Filing Company:	Transamerica Premier Life Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	2015 Transamerica Premier Life Insurance Company (AGENT)		
Project Name/Number:	Rate Renewal/55_ind Agent		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	cover.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo _w supporting docs.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Information can be found in the Acutarial Memorandum, in the Rate/Rule Schedule
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	Transamerica Premier Life Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	2015 Transamerica Premier Life Insurance Company (AGENT)		
Project Name/Number:	Rate Renewal/55_ind Agent		

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A to this filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Uniform Transmittal
Comments:	
Attachment(s):	DC_uniform_transmittal.pdf
Item Status:	
Status Date:	

Transamerica Premier Life Insurance Company

Actuarial Administrative Office

100 Light Street
Baltimore, MD 21202-2559
Telephone: 800-233-4624
Fax: 410-209-5910
Email: msapprovals@aegonusa.com

September 2, 2015

Ms. Monica Myers
Health Rate Filings
Department of Insurance and Securities Regulation
810 1st Street, N.E., Suite 701
Washington, District of Columbia 20002

Attention: Life and Health Division

RE: Transamerica Premier Life Insurance Company: Medicare Supplement Rate Filing for Standard Individual Medicare Supplement
NAIC#: 468-66281 **FEIN#:** 52-0419790
UNIFORM MATRIX TOI DESCRIPTION: MS08I Individual Medicare Supplement - Standardized
UNIFORM MATRIX SUB TOI: MS08I.012 Medicare Supplement - Standardized

FILING NUMBER #: **DC_TPLIC_Agent_Ind**

POLICY FORM NUMBER(s):

MSH1A DC
MSH1N DC

MSH1F DC

MSH1G DC

Dear Ms. Myers:

Enclosed is the rate submission for the benefits contained in the Medicare Improvements for Patients and Providers Act (MIPPA-2010).

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Projection Exhibit
- Actual to Expected Analysis

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 1505236 or our Actuary, Moshe Nelkin at extension 150-5234. For your convenience you can email us at msapprovals@aegonusa.com. If you prefer, our fax number is 410-209-5910.

Sincerely,



Teri Schaffer,
Actuarial Administrative Supervisor

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Actuarial Memorandum
Plans A, F, G, N

Policy Form Numbers:

MSH1A DC, MSH1F DC, MSH1G DC, MSH1N DC

Purpose and Scope of Filing:

The purpose of this filing is to satisfy our annual rate filing requirements and to propose a rate revision. This rate filing pertains to the open block of Individual Medicare Supplement policies that are written on Transamerica Premier paper. These forms were originally approved by your department on November 21, 2014.

As of the date of this filing it is too soon to measure the experience of the policies written on Transamerica Premier paper. However, since the nationwide new business rates for these policies are similar to those of the in-force Stonebridge block, we propose to use the Stonebridge experience as justification for our request. Proposed revisions by plan are as follows:

Plan G:
-2%

Plans A, F, N:
6%

In addition, we propose to band rates for ages 65 – 68.

With this filing we propose to implement a six month pre-existing condition exclusion clause for new policies written after the approval of the clause. A separate filing is being submitted by our forms area to add this clause.

These rate revisions will apply uniformly to all Transamerica Premier insureds whose policies were issued in District of Columbia and are proposed to be effective on November 1, 2015. Please note that our practice is to not increase a policyholder's rates during the first twelve months that a policy is in effect, so existing policyholders would not experience the rate change until their policy anniversary.

Transamerica Premier does not intend that this filing be used for any other purpose.

Description of Benefits:

These policies offer coverage of Medicare approved benefits under the NAIC Medicare Supplement Insurance Minimum Standards Model Act. Please refer to the policy for a complete description of the benefits covered by each plan.

Domiciliary Status:

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
Actuarial Memorandum
Plans A, F, G, N

These forms have not been filed in our domiciliary state of Iowa.

Renewal Provision:

These policy forms are Guaranteed Renewable. Transamerica Premier may change premiums on these forms providing that the change affects all policies uniformly by class based upon age, area, gender, plan and risk classification.

Marketing Method:

Transamerica Premier markets these policies through licensed agents.

Underwriting Method:

During the open enrollment period or during the guaranteed issue period for certain eligible persons in those states where required by law, all business written is guaranteed issue as required. All insureds written during these periods are charged the Standard rates and classified by tobacco usage. For business written outside of open enrollment or guaranteed issue periods, applicants are subject to underwriting questions and classified by smoker status and risk class.

Issue Age Limits:

The policy forms are issued to applicants that are 65 and older that are eligible for Medicare and to individuals under 65 that are eligible for Medicare by reason of disability in those states where required by law.

Premium Basis:

Attained-age premiums vary based upon area, gender, smoker status and risk classification. Premiums for policies issued during open enrollment and guaranteed issue periods do not vary by risk classification.

Area Factors – The following area factors will apply for the District of Columbia:

<u>Three-Position Zip of Residence at Issue Date:</u>	<u>Factor</u>
Entire State	1.00

Smoker rates are 10% higher than Non-Smoker rates. A separate load will also be applied based upon an applicant's height / weight classification. Tier 1 rates will be 10% higher than Standard and Tier 2 rates will be 20% higher than Standard. Tier 1 and Tier 2 increases in premium do not apply to policies written during open enrollment and guaranteed issue periods.

Transamerica Premier Life Insurance Company
Individual Medicare Supplement Insurance
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Modal Factors – The following modal factors will apply to monthly premium rates:

Monthly	1
Quarterly	3
Semi-Annual	6
Annual	12

A one-time application fee of \$25 dollars is applied with the first bill.

Other Pricing Assumptions:

Morbidity – Claims cost assumptions have been developed from the morbidity experience of the Medicare Supplement business of the Transamerica Premier Life Insurance Company (former Stonebridge policies). Annual claims cost trend of 4% has been applied to derive costs for the proposed rating period.

Termination – The following total termination rates by duration are assumed, grading to 100% of the 2001 CSO Ultimate mortality rates when these exceed the termination rate.

<u>Duration</u>	<u>Termination</u>
1	12%
2 - 6	10%
7+	13%

Interest Rate – 5%

Retention Components

Acquisition and Underwriting Expense (Lifetime Value) 0.5%
Maintenance Expense (includes claims processing) 9.0%
Premium Tax 2.0%
Commissions (Lifetime Value) 14.2%
Profit / Contingencies 7.3%

Minimum Loss Ratio – The minimum required lifetime loss ratio for Individual Medicare Supplement Insurance business is 65%. The anticipated loss ratio is calculated as the present value of expected durational claims divided by the present value of expected durational premiums discounted at 5% and is projected to be 67%. Anticipated loss ratios exceed 65% over the lifetime of the policy and in all years for business in duration 3 and beyond, as follows:

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<u>Duration</u>	<u>Loss Ratio</u>
1	57.2%
2	63.2%
3	66.3%
4+	69.3%

Rate History:

This is the first annual rate filing for these forms.

Rates and Rating Factors:

The enclosed rate pages contain proposed and current rates.

Historical and Future Experience of Form:

As of the date of this filing it is too soon to measure the experience of the Transamerica Premier policies. We are therefore submitting the experience of the former Stonebridge policies for your review. Historical and projected premium and claim experience are presented in the enclosed projection exhibit. This exhibit demonstrates compliance with state loss ratio requirements as well as the need for the proposed rate revision.

Transamerica Premier Life Insurance Company
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Actuarial Certification:

To the best of my knowledge and judgment, the following are true with respect to this Medicare Supplement rate filing:

- The assumptions present my best judgment as to the expected value for each assumption and are consistent with Transamerica Premier business plan at the time of the filing;
- The anticipated lifetime loss ratio, future loss ratios, and third year loss ratios all equal or exceed the applicable loss ratio;
- The filing was prepared based on current standards of practice as promulgated by the Actuarial Standards Board;
- The filing is in compliance with the applicable laws and regulations of the District of Columbia; and
- The benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, nor unfairly discriminatory.

Moshe Nelkin, FSA MAAA

Moshe N Nelkin, FSA, MAAA
Associate Actuary
Transamerica Premier Life Insurance Company
410-209-5234
moshe.nelkin@transamerica.com

Nationwide Experience Projection
Transamerica Premier Life Insurance Company (Formerly Stonebridge)
Individual, Standardized Medicare Supplement MSH1
Plan A, F, N

Assumptions:	2015	2016	2017+
Requested Rate Increase:	6.00%	4.00%	2.00%
Aging Factor:	0.89%	0.89%	0.89%
Premium Trend Rate:	6.94%	4.92%	2.90%

Claims Trend Increase:	4.00%	4.00%	2.00%
Aging Factor:	2.00%	2.00%	2.00%
Claims Trend Factor:	6.08%	6.08%	4.04%

Current Rate Level Factors	2014	2015
CRL Premium Factor:	6.78%	0.02%

CRL Claims Trend Increase:	4.00%	0.00%
CRL Claims Adverse Selection:	0.00%	0.00%
(Total) CRL Claims Factor:	4.00%	0.00%

Past Experience			
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
2012	16,896	13,243	78.4%
2013	5,289,925	3,673,651	69.4%
2014	57,953,485	48,500,481	83.7%
2015	25,465,880	26,285,329	103.2%

Total	88,726,187	78,472,704	88.4%
Total w/interest	92,168,742	81,276,365	88.2%

Projected 4/1/2015-12/31/2015			
	69,873,653	63,928,239	91.5%

Experience restated at the current rate level (CRL)			
2014	61,884,280	50,440,501	81.5%
2015	95,344,241	90,213,568	94.6%

Projected	Without Rate Increase		
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
2016	84,645,876	84,214,727	99.5%
2017	79,930,093	80,401,484	100.6%
2018	74,025,553	75,284,733	101.7%
2019	68,557,190	70,493,613	102.8%
2020	63,492,782	66,007,400	104.0%
2021	58,802,488	61,806,689	105.1%
2022	54,458,672	57,873,311	106.3%
2023	50,435,739	54,190,253	107.4%
2024	46,709,986	50,741,586	108.6%
2025	43,259,459	47,512,391	109.8%

Projection Totals			
Nondiscounted	624,317,838	648,526,187	103.9%
Discounted	496,596,758	513,684,242	103.4%

Lifetime Totals			
Nondiscounted	782,917,678	790,927,130	101.0%
Discounted	658,639,153	658,888,846	100.0%

	2015	2016	2017+
Lapse Rate:	12.00%	10.00%	10.00%
Additional Lapse Due to Increase:	0.00%	0.00%	0.00%
Adverse Selection Due to Increase:	0.00%	0.00%	0.00%

Interest rate:	5.00%
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2015 data through March

For projecting the 2016 experience, a 0.0% weight is applied to the Year 2014, and a 100.0% weight is applied to the Year 2015.

With Rate Increase		
Earned Premium	Incurred Claims	Loss Ratio
89,724,628	84,214,727	93.9%
84,725,898	80,401,484	94.9%
78,467,087	75,284,733	95.9%
72,670,621	70,493,613	97.0%
67,302,349	66,007,400	98.1%
62,330,637	61,806,689	99.2%
57,726,192	57,873,311	100.3%
53,461,884	54,190,253	101.4%
49,512,585	50,741,586	102.5%
45,855,027	47,512,391	103.6%

661,776,908	648,526,187	98.0%
526,392,563	513,684,242	97.6%

820,376,749	790,927,130	96.4%
688,434,958	658,888,846	95.7%

Nationwide Experience Projection
Transamerica Premier Life Insurance Company (Formerly Stonebridge)
Individual, Standardized Medicare Supplement MSH1
Plan G

Assumptions:	2015	2016	2017+
Requested Rate Increase:	-2.00%	4.00%	2.00%
Aging Factor:	0.89%	0.89%	0.89%
Premium Trend Rate:	-1.13%	4.92%	2.90%

Claims Trend Increase:	4.00%	4.00%	2.00%
Aging Factor:	2.00%	2.00%	2.00%
Claims Trend Factor:	6.08%	6.08%	4.04%

Current Rate Level Factors	2014	2015
CRL Premium Factor:	2.62%	0.04%

CRL Claims Trend Increase:	4.00%	0.00%
CRL Claims Adverse Selection:	0.00%	0.00%
(Total) CRL Claims Factor:	4.00%	0.00%

Past Experience			
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
2012	929	239	25.7%
2013	309,637	178,608	57.7%
2014	3,074,324	1,965,969	63.9%
2015	1,491,398	1,015,021	68.1%

Total	4,876,288	3,159,837	64.8%
Total w/interest	5,061,889	3,276,480	64.7%

Projected 4/1/2015-12/31/2015			
	4,092,120	2,891,902	70.7%

Experience restated at the current rate level (CRL)			
2014	3,154,923	2,044,608	64.8%
2015	5,584,092	3,906,924	70.0%

Projected	Without Rate Increase		
Calendar Year	Earned Premium	Incurred Claims	Loss Ratio
2016	4,957,514	3,647,129	73.6%
2017	4,681,321	3,481,987	74.4%
2018	4,335,506	3,260,393	75.2%
2019	4,015,236	3,052,902	76.0%
2020	3,718,626	2,858,615	76.9%
2021	3,443,926	2,676,693	77.7%
2022	3,189,519	2,506,348	78.6%
2023	2,953,905	2,346,844	79.4%
2024	2,735,696	2,197,491	80.3%
2025	2,533,607	2,057,643	81.2%

Projection Totals			
Nondiscounted	36,564,855	28,086,045	76.8%
Discounted	29,084,526	22,246,378	76.5%

Lifetime Totals			
Nondiscounted	45,533,263	34,137,784	75.0%
Discounted	38,238,535	28,414,761	74.3%

	2015	2016	2017+
Lapse Rate:	12.00%	10.00%	10.00%
Additional Lapse Due to Increase:	0.00%	0.00%	0.00%
Adverse Selection Due to Increase:	0.00%	0.00%	0.00%

Interest rate:	5.00%
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2015 data through March

For projecting the 2016 experience, a 0.0% weight is applied to the Year 2014, and a 100.0% weight is applied to the Year 2015.

With Rate Increase		
Earned Premium	Incurred Claims	Loss Ratio
4,858,363	3,647,129	75.1%
4,587,695	3,481,987	75.9%
4,248,796	3,260,393	76.7%
3,934,932	3,052,902	77.6%
3,644,253	2,858,615	78.4%
3,375,048	2,676,693	79.3%
3,125,728	2,506,348	80.2%
2,894,827	2,346,844	81.1%
2,680,982	2,197,491	82.0%
2,482,935	2,057,643	82.9%

35,833,558	28,086,045	78.4%
28,502,836	22,246,378	78.0%

44,801,966	34,137,784	76.2%
37,656,844	28,414,761	75.5%

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia					
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Transamerica Life Insurance Company 100 Light Street, Floor B1 Baltimore, MD 21202-2559	Iowa	Accident & Health	468	66281	52-0419790	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Teri Schaffer Actuarial Administrative Supervisor 100 Light Street Baltimore, MD 21202-2559	800-233-4624 ext. 5236	410-209-5910	msapprovals@aegonusa.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	DC_TPLIC_Agent_Ind
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div>
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9.	Type of Insurance	MS08I Individual Medicare Supplement - Standard Plans
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10.	Product Coding Matrix Filing Code	MS08I.012
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11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <p><u>FORMS</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p><u>Rates</u></p> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate </div> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>
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12.	Filing Submission Date	September 2, 2015
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13.	Filing Fee (If required)	Amount	\$ 0.00	Check Date										
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number										
14.	Date of Domiciliary Approval	The rates for this policy form are not filed in our domiciliary state of Iowa												
15.	Filing Description:													
	<p>2015 Annual Rate Filing for Standard Agent Written Medicare Supplement Policies:</p> <p>Transamerica Premier Life Insurance Company (Agent)</p> <p><u>POLICY FORM #(s):</u></p> <p>MSH1A DC</p> <p>MSH1F DC</p> <p>MSH1G DC</p> <p>MSH1N DC</p>													
16.	Certification (If required)													
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>District of Columbus</u>.</p>														
<p>Print Name: Moshe Nelkin, F.S.A., M.A.A.A. Title: Actuary</p>														
<p>Signature: <i>Moshe Nelkin, FSA MAAA</i> Date: September 2, 2015</p>														

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			DC_TPLIC_Agent_Ind	
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing			-2.0 % - 6.0%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum	MSH1A DC MSH1F DC MSH1G DC MSH1N DC	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>-2.0% - 6.0%</u> <input type="checkbox"/> Other _____	
	with supporting documentation (projections exhibit, rate schedules)			
02	Life, Accident & Health Transmittal Document	MSH1A DC MSH1F DC MSH1G DC MSH1N DC	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>+ -2.0% - 6.0%</u> <input type="checkbox"/> Other _____	
	Pages 1 thru 3			
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>+____% ____%</u> <input type="checkbox"/> Other _____	

LH FFA-1